

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

03-21

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

OCTOBER 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) (54) and 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-B page 3b  
4.19-B page 3c

9. PAGE NUMBER OF THE SUPERSEDES  
PLAN SECTION OR  
ATTACHMENT (If Applicable):

4.19-B page 3b  
4.19-B page 3c

10. SUBJECT OF AMENDMENT:

Pharmacy reimbursement

*Missouri (03-21)*  
*approved: 01/20/04*  
*effective: 10/01/03*

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *ce*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:  
Steve Roling

14. TITLE:  
Director, Department of Social Services

15. DATE SUBMITTED:  
December 19, 2003

16. RETURN TO:

Division of Medical Services  
Post Office Box 6500  
Jefferson City, MO 65102-6500

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 22, 2003

18. DATE APPROVED:

JAN 20 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

THOMAS W. LENZ

22. TITLE:

Associate Regional Administrator of DMCH

23. REMARKS:

State Missouri

The triennial assurance is given for the time period October 2000 to September 30, 2003 that the requirements of State Medicaid Manual 6305.1.B. and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for "other drugs" are in accordance with limits specified in 42 CFR 447.331(b).

State Plan TN# 03-21  
Supersedes TN# 00-23

Effective Date October 1, 2003  
Approval Date JAN 20 2004

State: Missouri

The annual assurance is given that, for the period October 1, 2002, through September 30, 2003, the requirements of State Medicaid Manual 6305.1.A and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for multiple source drugs identified and listed in accordance with 42 CFR 447.332(a) are in accordance with the upper limits specified in 42 CFR 447.332(b).

State Plan TN# 03-21  
Supersedes TN# 02-29

Effective Date October 1, 2003  
Approval Date ~~JAN 26 2004~~